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UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20231
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BIBDATASHEET

CONFIRMATION NO. 7963

Bib Data Sheet

SERIAL NUMBER 09/356,543	FILING DATE 07/19/1999 RULE	CLASS 705	GROUP ART UNIT 2175	ATTORNEY DOCKET NO. VMS98-01PM
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APPLICANTS

MATTHEW D. BARNHART, CAMBRIDGE, MA;

STEPHEN S. HAU, CAMBRIDGE, MA;

YURI OSTROVSKY, BRIGHTON, MA; MINPONT CHIEN, BOSTON, MA;

** CONTINUING DATA *****

This appln claims benefit of 60/100,333 09/15/1998
and claims benefit of 60/093,446 07/20/1998

SLYES

** FOREIGN APPLICATIONS *****

SL VMS

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 08/19/1999

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	MA	14	22	3
Examiner's Signature <i>SL</i> Initials				

ADDRESS

21005
HAMILTON, BROOK, SMITH & REYNOLDS, P.C.
530 VIRGINIA ROAD
P.O. BOX 9133
CONCORD, MA
01742-9133

TITLE

DEVICE FOR AUTOMATING BILLING REIMBURSEMENT

FILING FEE	FEES: Authority has been given in Paper	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of
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SERIAL NUMBER 09/356,543	FILING DATE 07/19/99	CLASS 705	GROUP ART UNIT 2761	ATTORNEY DOCKET NO. VMS98-21PM
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/ APPLICANT

MATTHEW D. BARNHART, CAMBRIDGE, MA; STEPHEN S. HAU, CAMBRIDGE, MA; YURI OSTROVSKY, BRIGHTON, MA; MINPONT CHIEN, BOSTON, MA.

****CONTINUING DOMESTIC DATA*******

VERIFIED PROVISIONAL APPLICATION NO. 60/100,333 09/15/98

SLYB PROVISIONAL APPLICATION NO. 60/093,446 07/20/98

****371 (NAT'L STAGE) DATA*******

VERIFIED

SLYB

****FOREIGN APPLICATIONS*******

VERIFIED

SLYB

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 08/19/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MA	SHEETS DRAWING 14	TOTAL CLAIMS 22	INDEPENDENT CLAIMS 3
Verified and Acknowledged	Examiner's Initials _____ Initials _____				

SEE CUSTOMER NUMBER: 021005

ADDRESS

DEVICE FOR AUTOMATING BILLING REIMBURSEMENT

TITLE

FILING FEE RECEIVED \$926	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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